



EXPRESS MAIL NO. EV 335 858 089 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/071,349 Confirmation No. 3907
Applicant : Bolognesi *et al.*
Filed : February 6, 2002
TC/A.U. : 1648
Examiner : Parkin, Jeffrey S.

Docket No. : 7872-087-999
Customer No. : 20583

RESPONSE TO RESTRICTION REQUIREMENT UNDER 37 C.F.R. § 1.142

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated November 12, 2003, in which the Examiner imposed a restriction requirement for the above identified patent application, please enter the following amendments and consider the following remarks.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begin on page 4 of this paper.

Remarks/Arguments begin on page 7 of this paper.

Transmitted herewith is a Fee Transmittal Sheet (in duplicate). It is estimated that no additional fee is required in connection with this reply. In the event an additional fee is necessary, please charge the required fee to Pennie & Edmonds LLP Deposit Account No. 16-1150.



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Bolognesi et al.

Confirmation No.: 3907

Serial No.: 10/071,349

Art Unit: 1648

Filed: February 6, 2002

Examiner: Parkin, J.

For: SUPPRESSOR OF HIV
REPLICATION AND
TRANSCRIPTION

Attorney Docket No: 7872-087-999

FEE TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

The claim amendment fee has been estimated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)		<input type="checkbox"/> SMALL ENTITY		<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY							
CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NO. PREVIOUSLY PAID		PRESENT EXTRA		RATE		ADDIT. FEE		OR		RATE		ADDIT. FEE	
TOTAL	26	MINUS	47		0	x 9	\$					x 18	\$		0.00	
INDEP.	2	MINUS	5		0	x 43	\$					x 86	\$		0.00	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM							\$					\$			0.00	
TOTAL							\$				OR	TOTAL	\$			0.00

Please charge the required fee to Pennie & Edmonds LLP Deposit Account No. 16-1150.
A copy of this sheet is enclosed.

Date: December 11, 2003

Respectfully submitted,
By: *Stephen K. Sullivan, Reg. No. 43,171*
Laura A. Coruzzi 30,742
Laura A. Coruzzi (Reg. No.)
PENNIE & EDMONDS LLP
1155 Avenue of the Americas
New York, New York 10036-2711
(212) 790-9090

Enclosure